



Please type or print in ink.

10 MAR -1 PM 4:11

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Feuer	Michael	Nelson	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Assembly

Division, Board, District, if applicable:

Your Position:

Assembly Member

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-OR-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: 7

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-OR-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed

2/25/10

Signature

(Official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Feuer

▶ **NAME OF BUSINESS ENTITY**
Coca Cola Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Soft drinks, food

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Proctor & Gamble Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Home products

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Sara Lee Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Food products

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Newell Rubbermaid

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Home products

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

▶ **NAME OF BUSINESS ENTITY**
Intel Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computers

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Feuer

▶ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computers

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Home Depot

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Home improvements

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Amgen Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Walt Disney Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Entertainment

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Allstate Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Computers, communications

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/09 ____/____/09
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Feuer

► NAME OF BUSINESS ENTITY
Gap Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Clothing

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Yum! Brands, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Food Sales

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Mylan Laboratories, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceuticals

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Time Warner, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/09 ____/____/09
 ACQUIRED DISPOSED

Comments: _____

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Michael Feuer

1. INCOME RECEIVED		1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME		NAME OF SOURCE OF INCOME	
State of California			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)	
1945 S. Hill Street, LA 90007			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Los Angeles Superior Court			
YOUR BUSINESS POSITION		YOUR BUSINESS POSITION	
Wife is Judge			
GROSS INCOME RECEIVED		GROSS INCOME RECEIVED	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED		CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> Spouse's or registered domestic partner's income	<input type="checkbox"/> Salary	<input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment		<input type="checkbox"/> Loan repayment	
<input type="checkbox"/> Sale of _____	(Property, car, boat, etc.)	<input type="checkbox"/> Sale of _____	(Property, car, boat, etc.)
<input type="checkbox"/> Commission or	<input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or	<input type="checkbox"/> Rental Income, list each source of \$10,000 or more
<input type="checkbox"/> Other _____	(Describe)	<input type="checkbox"/> Other _____	(Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
HIGHEST BALANCE DURING REPORTING PERIOD	_____ Street address	
<input type="checkbox"/> \$500 - \$1,000	_____ City	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> OVER \$100,000	(Describe)	

Comments: _____

SCHEDULE D
Income - Gifts

► NAME OF SOURCE
Karen Bass for Assembly 2008
 ADDRESS (Business Address Acceptable)
777 Figueroa Street, Ste 4050 LA, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 09</u>	<u>\$ 72.52</u>	<u>Jacket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Feuer

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

Los Angeles International Airport/City of Los Angeles

ADDRESS (Business Address Acceptable)

1 World Way

CITY AND STATE

Los Angeles, CA 90045

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Airport

DATE(S): 01/01/09 - 12/31/09 AMT: \$ 600.00
(if applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Parking at airport for legislative business travel

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

French Republic

ADDRESS (Business Address Acceptable)

2221 Kalorama Road

CITY AND STATE

Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government of France

DATE(S): 09/15/09 - ____/____/____ AMT: \$ 65.00
(if applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Cost of dinner at the home of the French Ambassador (legislative business) during legislative delegation trip in Wash DC

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____